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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/525,858
	Filing Date	February 25, 2005
	First Named Inventor	Urs Stauffer
	Art Unit	0
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	27656/40686

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MARSHALL, GERSTEIN & BORUN LLP		
Signature			
Printed name	Jeffrey S. Sharp		
Date	May 10, 2005	Reg. No.	31,879

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 10, 2005

Signature: (Jeffrey S. Sharp)

AMENDMENT TRANSMITTAL LETTER

Docket No.
27656/40686

Application No.
10/525,858

Filing Date
February 25, 2005

Examiner
Not Yet Assigned

Art Unit
0

Applicant(s): Urs Stauer et al.

Invention: Device for Stabilizing And/Or Positioning A Medical Tool In A Body Cavity (Amended)

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	19	- 20 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

☐ Large Entity

☒ Small Entity

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☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
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☒ Credit any overpayment.

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Jeffrey S. Sharp
Attorney Reg. No.: 31,879

Dated: May 10, 2005

MARSHALL, GERSTEIN & BORUN LLP
233 S. Wacker Drive, Suite 6300
Sears Tower
Chicago, Illinois 60606-6357
(312) 474-6300

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Signature: Jeffrey S. Sharp (Jeffrey S. Sharp)